Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED						
AND PERFOR COLUMN			A. BUILDING:								
IL6015879		B. WING		C 09/10/2020							
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
MANOR COURT OF CLINTON 1 PARK LANE WEST CLINTON, IL 61727											
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	ULID BE COMPLETE						
S 000	Initial Comments		S 000								
	Statement of Licens Investigation of Fac 8/5/20/IL126420	sure Violations cility Reported Incident of									
S9999	Final Observations		S9999		3 4						
	Statement of Licensure Violations										
iti	300.610a) 300.1830a)b)c) 300.3210a) 300.3210f) 300.3240a)										
	Section 300.610 R	tesident Care Policies									
	procedures govern facility. The writter be formulated by a Committee consist administrator, the amedical advisory of nursing and other policies shall compart the written policies the facility and shall compart of the written policies the facility and shall compart of the written policies the facility and shall compart of the written policies the facility and shall compart of the written policies the facility and shall compart of the written policies the facility and shall compart of the written policies the facility and shall compart of the written policies the facility and shall compare the written policies the facility and shall compare the written policies the written p	advisory physician or the ommittee, and representatives or services in the facility. The ply with the Act and this Part. It is shall be followed in operating the reviewed at least annually documented by written, signed									
	Section 300.1830 Residents' Propert	Records Pertaining to		Attachment A	S2 2						
Ħ	a) The facility	shall maintain a record of any gs, including money, valuables	II E ES	Statement of Licensure Violat	ions						
linois Department of Public Health											

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 10/02/20

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6015879 09/10/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST MANOR COURT OF CLINTON CLINTON, IL 61727 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 and personal property, accepted by the facility for safekeeping. This record shall be initiated at the time of admission and shall be updated on an ongoing basis and made part of the resident's record. When purchases are made for a resident from the resident's personal monies, receipts shall be obtained and retained that verify the date, amount, and items purchased. A separate bookkeeping system shall be maintained by the facility which accounts for all transactions affecting each resident's account. Each individual resident, or the individual resident's representative, shall have access to the record of that individual resident's account. Section 300.3210 General No resident shall be deprived of any rights, benefits, or privileges guaranteed by law based on their status as a resident of a facility Section 300.3210 General The facility shall make reasonable efforts to prevent loss and theft of residents' property. Those efforts shall be appropriate to the particular facility and may, for example, include, but are not limited to, staff training and monitoring, labeling property, and frequent property inventories.

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Findings include:

The facility's final investigative report dated 8/17/20 documents V8 Business Office Manager was arrested and is being investigated for financial exploitation.

review the facility failed to recognize and prevent

financial exploitation and the systematic misappropriation/theft by an employee of \$30,687.28 from the pooled resident trust fund accounts entrusted to the facility for safekeeping. This failure affected 11 of 12 cognitively impaired residents (R1, R4 through R13) reviewed for misappropriation on the sample list of 17.

The Police Department Incident/Offense report dated 8/31/20 documents V8 was arrested on 8/13/20 for the offense of "Fraud with/Bank ID (identification) Card > (greater than) \$150" and "Financial Exploitation of Elderly/Disabled". Both of these are listed as felony offenses.

On 8/27/20 at 10:20 AM, V1 Administrator stated the facility began an investigation for

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On 8/27/20 at 10:15 AM, R9 was sitting in a reclining wheelchair in the room. R9 was not

UMVD11

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impairment.

R5 stated the facility manages R5's account. R5 stated R5 doesn't get a quarterly statement. R5's Quarterly Minimum Data Set assessment dated 8/11/20 documents R5 has severe cognitive

On 8/31/20 at 9:15 AM, V14 (R4 and R5's Power of Attorney) stated the facility called V14 and said

they identified problems with R4 and R5's

(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		IL6015879	B. WING	·	09/1) 0/2020	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1 PARK LANE WEST CLINTON, IL 61727							
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S9999	(V8) was suspected arrested and an inv	ge 5 lity said that an ex-employee d and that V8 had been estigation is ongoing. V14 authorize the \$3756.39 in	\$9999				
	withdrawals from R 6/8/20 for shopping	ed spreadsheet documents 5's account from 4/25/19 to with activities, clothes from a and shirts from an online					
	been shopping or b R5 stated R5 has n was no clothing or i new condition. The boxes or sacks or c room. V22 Activity ordered anything for	AM, R5 stated R5 has not been to a department store, not ordered anything. There items that appeared to be interested where were no department store conline website boxes in the Director stated R5 had not om an online website or and R5 has not been on					
	R4 had \$880.00 tal	ated spreadsheet documents ken out of R4's account from 20/20 and that there are no ransactions.					
	room. R4 was talk	2 AM, R4 was sitting on bed in ing about a train and was nterviewable. R4's 7/15/20 Data Set documents R4 has apairment.					
	had withdrawals fro	ed spreadsheet documents R4 om 4/25/19 through 6/16/20 for ities, cash for shopping, and a order.					
	On 9/08/20 at 10:2	0 AM, no new looking items					

(X2) MULTIPLE CONSTRUCTION

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On 8/31/20 at 3:36 PM, V16 (R8's Family member) stated R8 does not own a car and wouldn't have had a car title to transfer. V16 stated no one asked V16 to allow money to be taken out of R8's account. R8 would be "upset" and "quite aggravated" if money was taken from R8's account. V16 stated, "(R8) doesn't have that much money to begin with.

On 9/8/20 at 10:15 AM, R8 stated R8 has not had a car for four years. R8 hasn't spent any money to transfer car titles.

R8's quarterly minimum data set assessment dated 7/28/20 documents R8 has severe cognitive impairment.

5. The facility's undated spreadsheet documents R6 had \$275.50 taken out of R6's account from 4/25/19 through 11/26/19 and that there are no receipts for these transactions.

On 8/31/20 at 4:53 PM, V19 (R6's Family Member) stated the facility had told V19 that there was money spent out of R6's account and that there was no receipts for the items. The

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Illinois Department of Public Health

stated R7 can not make R7's own decisions. V15 stated V15 did not approve for \$200 to be used for shopping and that R7 does not have new items. V15 stated R7 would feel terrible if R7 knew money was taken from R7's account and R7 would get really mad. V15 stated V15 has not told R7 because V15 doesn't want R7 to worry.

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withdrawals that did not have a signed receipt are on the spreadsheet. V11 stated, " During the audit I identified multiple residents who did not have receipts for money taken. During the audit, we verified the money was not authorized by the family." V11 stated V8 Business Office Manager was able to divert the money by using money out of the cash box, debiting the resident accounts, and then writing facility checks to replenish the money in the box. V11 stated the cash box had a lock and was locked in a drawer in V8's office and V8's office door was also locked. V11 stated there is no way it could have been anyone else but V8 taking the money. V11 stated V11 determined the charges for R9 without receipt started on 10/15/16. V11 stated there were four charges for R9 in 2016 without a receipt. V11 stated V11 did not find any other unaccounted money until 2/21/2019. V11 stated V11 thinks this was when V8 started to steal money from the residents until 6/23/20. V11 stated V11 also found that money in the trust fund account belonging to R1, R10, R11, R12, and R13, whom had died in the facility, was taken also.

7. The facility's undated spreadsheet documents R1 had \$100.00 taken out of R1's account on

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